



# How CADTH Uses Patient Perspectives

## Examples From April to June 2022

High-level summaries of what we hear from patients and caregivers are included in our reports and recommendations. More importantly, patient perspectives are considered by staff and expert committees during appraisal and deliberation. Patients were involved in 11 Reimbursement Reviews, 1 Health Technology Review, 1 Horizon Scan, and 2 Scientific Advice reports. Read on to see how patient insights are used to achieve a range of different purposes.

**Why:** To explore if clinical and economic evidence within the review addresses patients' needs.

**Example of how:** "Patients expressed a need for treatments that improve non-small cell lung cancer symptoms, improve quality of life, have a manageable side effect profile, allow patients to live longer and maintain their independence, and delay disease progression and improve long-term remission. Given the totality of evidence, pERC [pan-Canadian Oncology Drug Review Expert Review Committee] concluded that [drug] met the needs identified by patients in terms of high responses with prolonged durability and manageable side effect profile." (Rationale for the Recommendation, [Reimbursement Recommendation](#), p. 4)

**Example of how:** "Given the totality of the evidence, pERC [pan-Canadian Oncology Drug Review Expert Review Committee] concluded that [drug] meets some of the needs identified by patients, such as delaying disease progression, and may also be beneficial in terms of central nervous system efficacy outcomes. Further, there was no apparent detriment to quality of life, and side effects were manageable. In fulfilling these needs, and given that it is an oral medication, pERC considered that [drug] may reduce the burden placed on caregivers, which is also important to patients." (Rationale for the Recommendation, [Reimbursement Recommendation](#), p. 4)



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**Why:** To better understand the impact of illness on a person's life.

**Example of how:** "In addition to the overt dermatological symptoms, plaque psoriasis is often associated with psychosocial symptoms, including poor self-esteem, and may affect various aspects of social functioning, including interpersonal relationships and performance at school or work. These negative impacts on social and work life were described by most patients who provided input for this CADTH Common Drug Review." ([Disease Background, Reimbursement Review](#), p. 21)

**Why:** To appreciate the goals of treatment and what it means for these to be met or missed.

**Example of how:** "Health-related quality of life and symptoms were not assessed in any of the included trials. The focus of the neoadjuvant treatment is curative, and it is clear from patient input to CADTH that patients are willing to trade adverse effects in exchange for a treatment that can alter their disease course. Many of the patients at this stage of their disease are largely asymptomatic or mildly symptomatic, and therefore improving their quality of life with drug therapy at this stage may be challenging, and patients may be concerned about a treatment that will reduce their quality of life due to adverse effects. Therefore, although health-related quality of life may not be as important a consideration in early-stage versus late-stage disease, it is still important to patients and should have been assessed as an outcome in the included studies." ([Critical Appraisal, Reimbursement Review](#), p. 85)

**Example of how:** "Patients whose views were obtained from social media and other online platforms expressed their willingness to try a treatment if it meant preventing or delaying disease progression. As well, the adverse event profile of the drugs needs to be taken into consideration when choosing a treatment. The clinical expert consulted for this review indicated that women of child-bearing age should be given special consideration for funding [drug] in light of the adverse fertility profile of [drug]." ([Health Technology Assessment](#), p. 36)

**Why:** To interpret clinical trial results.

**Example of how:** "The patient input identified the following outcomes as important: increasing energy levels, improving physical activity, improving cognitive functioning, reduced stress on organ systems, reducing hospitalizations, and improving quality of life. Different end points were measured across the 3 studies, and only left ventricular ejection fraction, a measure of cardiac function (i.e., stress on an organ), and hospitalization due to rhabdomyolysis was measured in all of them. Thus, it is unclear whether [drug] would adequately address all outcomes that are important to patients." ([Interpretation of Results, Reimbursement Review](#), p. 125)



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**Why:** To hear first-hand about the needs that exist in care received by people living in Canada from a panel of people with lived experience.

**Example of how:** CADTH convened a 5-member panel of individuals with lived experience of dementia to hear about and learn from their experiences. The panel highlighted the need for care, treatment, supports, and services that prioritize personhood, are inclusive of individuals with young-onset dementia, strike a balance between safety and empowerment, help with navigating the health care system, and involve dignified and respectful communication. These insights will be available for upcoming CADTH reviews of medical procedures, devices, diagnostics, and drugs related to dementia and will be used to identify health technologies and potential topics for future CADTH work. ([Horizon Scan](#))

**Why:** To help CADTH appraise the sponsor's economic model.

**Example of how:** "While prevention of breakthrough hemolysis events is noted to be an important component of the treatment of paroxysmal nocturnal hemoglobinuria [a blood disease], both clinical expert feedback and patient input received noted thrombosis to be the most devastating consequence of disease, which was not explicitly modelled. Other symptoms noted to be important in the patient input received by CADTH included fatigue, difficulty swallowing, pulmonary hypertension, chronic kidney disease, and shortness of breath, none of which were explicitly modelled." ([Economic Review, Reimbursement Review](#), p. 96)

**Why:** To identify use, equity, or ethical considerations.

**Example of how:** "Patients also described variable experience and tolerability of different therapies and the consequent need for additional choice of therapies. [Drug] may provide an option for patients who prefer oral products over localized vaginal therapies because the latter can be difficult to self-administer, particularly for patients with issues related to mobility or severe pain." ([Rationale for Recommendation, Reimbursement Recommendation](#), p. 4)

**Example of how:** "Overall, [drug] meets some of the needs identified by patients as it prolongs survival versus chemotherapy, likely does not have a detrimental effect on health-related quality of life versus chemotherapy, has a manageable side effect profile, and may provide improved access to immunotherapy in rural communities." ([Rationale for Recommendation, Reimbursement Recommendation](#), p. 4)



## How CADTH Uses Patient Perspectives

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■ Disclaimer

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CADTH is a not-for-profit organization responsible for providing Canada’s health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

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